

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/582321</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		0		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		1		1			61						
12		1		1			62						
13		2		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		0		1			70						
21		0		1			71						
22		1		1			72						
23		0		1			73						
24		0		1			74						
25		1		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		1		1			80						
31		0		1			81						
32		0		1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.			31				TOTAL DEP.						
TOTAL CLAIMS			32				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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